

The Kaiser Permanente Insurance Company Out-of-Area Indemnity (OOA) Plan

# MEMBER HANDBOOK

Your plan for care and wellness



Dear member,

Welcome. We're delighted that you've chosen our Out-of-Area Indemnity (OOA) Plan for your health care. Your health is our cause, and we're excited to work with you to help you become healthier in mind, body, and spirit.

We've put together this handbook, which contains details about your plan, a quick reference guide for getting care, and sample forms.

With the OOA Plan, you can get care from any provider of your choice. Or, you can stay with the personal physician you already know and trust.

You can also fill your prescriptions at over 60,000 retail pharmacies in the nationwide MedImpact pharmacy network. MedImpact offers a convenient network of chain and independent pharmacies, including Walgreens, CVS, Rite Aid, Ralphs, Safeway, and Costco.

By now, you should have received your ID card in the mail. It's your proof of insurance and contains useful phone numbers for customer service, precertification, claims, and MedImpact. If you haven't received your ID card yet, please call our Customer Service Line at **1-800-788-0710**, Monday through Friday from 7 a.m. to 7 p.m.

Thank you for choosing our OOA Plan. We look forward to taking care of you in the years to come.

Wishing you good health,


**Kaiser Permanente Insurance Company**

**Note:** This is a summary only. The Kaiser Permanente Insurance Company *Certificate of Insurance* contains a complete explanation of benefits, exclusions, and limitations. The information provided in this brochure is not intended for use as a benefits summary, nor is it designed to serve as the *Certificate of Insurance*.

# The KPIC Out-of-Area Indemnity (OOA) Plan

Thank you for choosing Kaiser Permanente Insurance Company (KPIC) as your partner in health. This handbook can help you choose a doctor, get care, file claims, fill prescriptions, and more. Please use it as a reference tool for when you need care.

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 For questions about your plan benefits, please call the Customer Service Line at **1-800-788-0710** (TTY **711**), Monday through Friday from 7 a.m. to 7 p.m. For faster service, please have your medical record number available when calling our Customer Service Line.



# Your care, your choice

With the OOA Plan,\* you can decide how best to manage your health care. You're covered when you see any licensed provider you choose, near your home or your work. For a complete list of covered services, please see your *Certificate of Insurance*.

You also have options with your prescriptions. Choose any of the over 60,000 pharmacies in the MedImpact pharmacy network. For details, please see page 8.

## Care management

When a special health situation requires more medical care, managing your choices may seem overwhelming.

The Permanente Advantage Care Management program is here to help you coordinate appointments or follow up on referrals so that you can focus on what's important – getting better.

Permanente Advantage is accredited by URAC. URAC's accreditation is recognized nationwide by state and federal regulators and ensures organizations are delivering health care in a manner consistent with national standards.

If you have any questions about Permanente Advantage Care Management, please call **1-888-251-7052**.

## Transition of care

If you are currently receiving care, you may want to talk with one of our transition of care representatives. Our transition of care team will help ensure a seamless transition to your new coverage. They can determine if services you're seeking require precertification, or help you find a licensed provider.

For information, go to [kp.org/kpic/ooa](https://kp.org/kpic/ooa) and look for the Transition of Care Form located in the "Document center," or call Permanente Advantage Care Management at **1-888-251-7052**.

# How the OOA Plan works

With the OOA Plan, you don't have to choose a personal physician, and you can get most types of specialty care without a doctor's referral. When you get care, you'll pay a copay for most doctor's office visits. Preventive care is generally covered at no cost to you.

You'll need to meet a deductible before the coinsurance and certain copays listed in your plan summary will apply for covered services. Once

your total out-of-pocket costs reach your plan maximum, your out-of-pocket costs for covered services for the remainder of the year are \$0. Money paid toward your fees, penalties, or any balance billed by your provider won't count toward your out-of-pocket maximum.

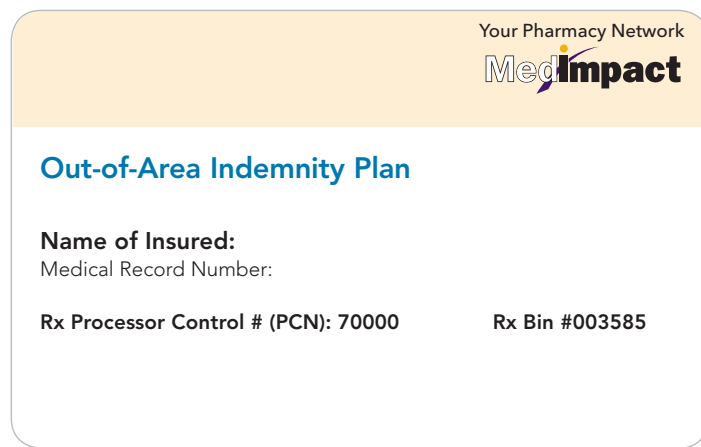
If the provider you see does not bill us directly, you'll need to pay the costs up front and submit a reimbursement claim.

\*The OOA Plan is underwritten by Kaiser Permanente Insurance Company, a subsidiary of Kaiser Foundation Health Plan, Inc.

# Your ID card

Your gold and white ID card gives you access to your medical coverage when you visit a provider. It also lets you fill your prescriptions through MedImpact pharmacies, so keep it with you.

If you haven't received your ID card or you need a replacement, please call us at **1-800-788-0710** or **711** (TTY), Monday through Friday from 7 a.m. to 7 p.m.



# Choosing your doctor

If you need care, all you have to do is call the doctor's office to make an appointment.

If you're seeing a provider or visiting a medical facility for the first time, please remember to:

- Make sure the provider is accepting new patients.
- Bring your ID card with you.

At your visit, your provider may submit the claim on your behalf. Or you may need to pay the total costs for your medical services up front and then submit a claim for reimbursement, which will be subject to your deductible and any applicable coinsurance. In either case, it's your responsibility

to make sure that claims are submitted for payment.

We pay for your care based on the usual, customary, and reasonable (UCR) charges for your geographic region, per a standardized fee schedule. Some providers may charge more than the UCR charges. If this happens, you'll be billed for the difference between the UCR charges and the provider's actual billed charges. This is called balance billing. You'll need to pay the difference between the UCR charges and the actual charges billed by your provider. Amounts you pay as a result of balance billing don't count toward your deductible or out-of-pocket maximum.

# Getting admitted to the hospital

You are covered at any hospital of your choice. Upon meeting your deductible, you'll pay your inpatient hospitalization copay, then coinsurance (up to the out-of-pocket maximum), plus any amounts billed by the hospital or facility that are in excess of the UCR charges.

# Precertification

You may need approval before you get certain services. This is called precertification. It's an important step to make sure medical services ordered by your doctor are medically necessary, cost effective, and the most appropriate treatment for your condition. Some examples of services requiring precertification include:

- Inpatient hospital stay
- Outpatient surgery
- Home health, hospice, and skilled nursing facility services
- MRI, CT, and PET scans

For a complete list of care that requires precertification, see your *Certificate of Insurance*.

To request precertification, you or your physician should call **1-888-251-7052**, Monday through Friday from 6 a.m. to 6 p.m. You or your doctor should call to ask for precertification at least 72 hours before you get these services. If you don't get precertification, your benefit may be reduced.

## Types of care

### Urgent care

An urgent care need is one that requires prompt medical attention, usually within 24 or 48 hours, but is not an emergency medical condition. This can include minor injuries, backaches, earaches, sore throats, coughs, upper-respiratory symptoms, and frequent urination or a burning sensation when urinating. If you think you need urgent care, call your local urgent care facility.

You'll be responsible for an emergency department copay, which will be waived if you're admitted to the hospital. If you're admitted, please call us (or have someone else do so) at **1-888-251-7052** as soon as possible. We'll help coordinate your care to reduce your risk of being billed for non-covered charges.

### Emergency care

You're covered for emergency care\* anywhere in the world. If you have an emergency medical condition, call **911** or go to the nearest hospital.

\*An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a reasonable person would have believed that the absence of immediate medical attention would result in any of the following: (1) placing the person's health (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; (2) serious impairment to bodily functions; or (3) serious dysfunction of any bodily organ or part.

A mental health condition is an emergency medical condition when it meets the requirements of the paragraph above or, for members who are not enrolled in Kaiser Permanente Senior Advantage, when the condition manifests itself by acute symptoms of sufficient severity such that either of the following is true: The person is an immediate danger to himself or herself or to others, or the person is immediately unable to provide for or use food, shelter, or clothing due to the mental disorder.

Emergency care does not require precertification; however, inpatient admission requires notification for certification within 24 hours.

# Getting your prescriptions filled

The OOA Plan gives you plenty of flexibility when you fill prescriptions, with coverage for generic, brand-name, and specialty medications.

A generic drug will always be supplied in place of a brand-name drug, unless your doctor specifically requests the brand.

## Participating retail pharmacies

You can fill your prescriptions at over 60,000 retail pharmacies nationwide in the MedImpact pharmacy network. KPIC contracts with MedImpact to provide you with pharmacy drug coverage nationally. MedImpact contracts with the individual retail pharmacies to offer you a convenient network of pharmacies across the country.

MedImpact pharmacies include Walgreens, CVS, Rite Aid, Ralphs, Safeway, Costco, and many more. (MedImpact pharmacies are subject to change.)

To fill a prescription at a MedImpact pharmacy, simply show your ID card. The information needed to process your prescription is printed on the front of your card.

**Please note:** Certain drugs have recommended prescribing guidelines that may apply, such as prior authorization and step therapy.

For more information and to find the pharmacy nearest you, call **1-800-788-2949**, 24 hours a day, 7 days a week.

## Prescription mail-order service\*

With the OOA Plan mail-order incentive, many prescription drugs are as close as your mailbox. You can order a 100-day supply of your medication for the equivalent of twice the copay required for a 30-day supply.

To receive the mail-order incentive benefit, you'll need to register for the Walgreens Mail Service. See how it works on page 9.

## Pharmacy claims

You generally won't need to submit a claim for prescriptions. However, if you pay for a prescription in full, you can ask for reimbursement if the MedImpact pharmacy doesn't honor your benefit. (This may happen if you don't have your ID card with you or your profile isn't updated to reflect your new coverage.)

If you need to be reimbursed, please complete a MedImpact prescription claim form. Follow the directions on the claim form and fax it to MedImpact Healthcare Systems, Inc., at **858-549-1569**. **Remember to fax copies of your receipts along with the claim form.** You can get additional claim forms by calling our Customer Service Line at **1-800-788-0710**.

## Transferring a prescription

To transfer a prescription, give the pharmacist the name and phone number of your current pharmacy and the prescription number from the drug label. The pharmacist will do the rest. The prescription can be transferred as long as there are refills remaining.

\*Most specialty drugs and self-injectable drugs are not available for mail-order service through Walgreens.

Here's an example of mail-order incentive savings:

	MedImpact pharmacies (30-day supply)	Mail-order incentive (100-day supply)
Generic drug	\$15 copay	\$30 copay
Brand-name drug	\$40 copay	\$80 copay

To receive the mail-order incentive benefit, you'll need to register for the Walgreens Mail Service. Here's how it works:

	Online	Fax	Mail	Phone
<b>Register</b> You'll need to register first before using the mail-order service.	Go to <a href="http://walgreens.com/mailservice">walgreens.com/mailservice</a> and register for an online account. Create a user ID and password, then register for online mail service.	Not available.	Send completed Registration and Prescription Order Form along with your original prescription to: Walgreens Mail Service P.O. Box 29061 Phoenix, AZ 85038	Call <b>1-866-304-2846</b> and ask to be registered for Walgreens Mail Service. Please have your membership ID card handy.
<b>Order</b> Once you've registered, you're ready to order your first prescription.	Ask your doctor if he or she can electronically order your medications.	Have your doctor complete and send Prescriber Fax Form to <b>1-800-332-9581</b> .	Send completed Registration and Prescription Order Form along with your original prescription to: Walgreens Mail Service P.O. Box 29061 Phoenix, AZ 85038	Call <b>1-866-304-2846</b> and request that Walgreens reach out to your doctor for a new prescription. <sup>1</sup>
<b>Refill</b> Receive refills in the mail too. <sup>2</sup>	Go to <a href="http://walgreens.com/mailservice">walgreens.com/mailservice</a> .	Not available.	Send completed Preprinted Reorder Form, included with your last order, to: Walgreens Mail Service P.O. Box 29061 Phoenix, AZ 85038	Call <b>1-866-304-2846</b> and select "refill a prescription" (or ask to speak with a customer service representative).

Most orders are shipped by U.S. Postal Service, and packaging doesn't indicate that medication is enclosed. Allow 2 weeks for delivery. When placing an order, include payment, if applicable, to avoid delays. Credit cards and checks are accepted. Make checks payable to Walgreens Mail Service.

<sup>1</sup>You will need to provide your doctor's contact information and the name and dosage of your medication. Walgreens will notify you if your doctor doesn't respond.

<sup>2</sup>To automatically receive refills of your medications, select the "auto refill" option on either the Prescriber Fax Form or Registration and Prescription Order Form.

# Submitting claims

If you see a provider, you may need to file a claim. You must submit your claim within 365 days after you receive covered services.

In order to process your claim, you must complete and submit any consent forms for the release of medical records and claims for any other benefits. For example, we may require documents such as original travel tickets to validate your claim.

To obtain a claim form, visit [kp.org/kpic/ooa](http://kp.org/kpic/ooa) and look for the Medical Claim Form located in the "Document center," or call us at **1-800-788-0710**.

Mail your claims for all medical care, including emergency and urgent care, to:

Kaiser Permanente Insurance Company  
P.O. Box 261155  
Plano, TX 75026

To check on the status of your claim, please call **1-800-788-0710**.

The claims submission address can also be found on the back of your ID card. Make sure you include your medical record number on your form.

Please refer to your *Certificate of Insurance* for additional instructions, coverage information, exclusions, limitations, and the dispute resolution process for denied claims.

# Deductible

Your plan includes a deductible. We don't cover certain services until you meet your deductibles each year.

## How deductibles work

- When you get care, you'll pay the full charges for covered services until you or your family reaches a set amount known as your deductible.
- For example, a \$500 deductible means you'll pay the full charges up to \$500.

- After you reach your deductible, you'll start paying less – just a copay or a percentage of the charges (a coinsurance) for the rest of the year.
- Depending on your plan, you may pay copays or coinsurance for some services without having to reach your deductible.

Your OOA Plan benefits summary provides a brief description of covered services to which deductibles apply. For a detailed description, please refer to your *Certificate of Insurance*.

# Out-of-pocket maximum

There's a limit to the total amount of coinsurance you must pay in a plan year for the care you receive. Each coverage option under the OOA Plan has a separate out-of-pocket maximum. When the amount of covered charges incurred by you and/or your family members for covered services equals the out-of-pocket maximum, KPIC will cover 100% of the cost of care during the remainder of the year for most covered

services. The out-of-pocket maximum and the charges for covered services that contribute to the out-of-pocket maximum are specified in your *Certificate of Insurance*.

Amounts paid in the form of fees, penalties, or as a result of balance billing don't count toward the out-of-pocket maximum.

# Coordination of benefits

If you have health care coverage with another health plan or insurance company, the coordination of benefits (COB) rules will determine which coverage pays first, or is primary, and which coverage pays second, or is secondary.



# Helpful forms (continued)

## Preparing for your appointment with a non-participating provider

### For members

Getting ready to schedule an appointment? If you've got a Point-of-Service (POS), PPO, or Out-of-Area Indemnity (OOA) plan with Kaiser Permanente Insurance Company (KPIC), you can get care from any licensed provider you choose.

**To make your appointment go as smoothly as possible, you should:**

1. Make sure the doctor you've chosen is accepting new patients when you schedule your appointment.
2. Make a copy of this form, bring it to your appointment, and share it with the provider at check-in.
3. Remember to let your provider know you have a POS, PPO, or OOA plan.

If you have questions, call KPIC Member Service at **1-800-788-0710** (TTY 711), Monday through Friday, 7 a.m. to 7 p.m. Pacific time.

### For Providers

This member has a POS, PPO, or OOA plan, which lets them get care from any licensed provider they choose. Please don't send them to Kaiser Permanente facilities to get care.


**Here's how to help them during their visit:**

- Check their medical ID card and call **1-800-788-0710** to make sure they're eligible.
- Submit claims to KPIC on this member's behalf to KPIC, P.O. Box 261555, Plano, TX 75026.
- If they need hospitalization or a medical service or team that requires precertification, call **1-888-251-7052**, Monday through Friday, 6 a.m. to 6 p.m. Pacific time. Please call 3 days before any scheduled admissions or within 24 hours of an emergency admission.


Thank you for helping this member get the care they need. **Please put this form in their medical record or billing files as a reminder of the steps above.**

### Don't forget your ID card


Your gold and white ID card has important information to help you check in for your appointment, including the name of your health plan and medical record number.



Sample image. Content will vary.



The Med Plan of the Point-of-Service (POS) plan is underwritten by Kaiser Foundation Health Plan, Inc. (KFHP), Kaiser Permanente Insurance Company (KPIC) underwritten for Participating and Non-Participating Provider tiers of the POS plan, the PPO plan, and Out-of-Area Indemnity plan. KPIC is a subsidiary of Kaiser Foundation Health Plan, Inc.



Kaiser Permanente Insurance Company

## Filling your prescription needs

**Kaiser Permanente Insurance Company (KPIC) member**

With your Kaiser Permanente PPO or OOA plan, you can fill your covered prescriptions at any participating retail pharmacy in the MedImpact network—which offers nearly 40,000 locations nationwide.

With a wide selection of chain and independent pharmacies, the MedImpact network allows you to conveniently fill your prescriptions near your home or office. Here are examples of participating MedImpact pharmacies:

- Albertsons
- Safeway
- Costco
- Sun-On Drugs
- CVS
- Target
- Kmart
- Vons
- RiteWay
- Walgreens
- Rite Aid
- Walmart

To find a participating MedImpact pharmacy near you, call **1-800-788-2949**.

**When visiting a MedImpact pharmacy**

To help ensure your prescriptions are processed as quickly as possible, please give the pharmacist your gold-and-white identification card with the MedImpact logo, along with the message at the bottom of this page. This should clear up any questions the pharmacist may have about your coverage.

If you have any questions about your benefits, call the KPIC Customer Service line at **1-800-788-0710**, Monday through Friday, 7 a.m. to 7 p.m.

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**MedImpact pharmacist:**


This insured is covered for pharmacy services at MedImpact pharmacies through the KPIC PPO or OOA indemnity plan. KPIC is a subsidiary of Kaiser Foundation Health Plan, Inc. Please do not redirect this member to a Kaiser Permanente facility to fill his or her prescriptions.

Check the member's ID card for the information you need to fill the prescription, or refer to the information below. If you have any questions or need to verify eligibility, call MedImpact at **1-800-788-2949**.

We appreciate your help in providing prescription services to our members.

Member name: \_\_\_\_\_ Medical record number: \_\_\_\_\_

Benefit identification number (BIN): 00585  
Processor control number (PCN): 70000



Kaiser Permanente Insurance Company

## Non-participating provider insert

Give a copy of this form to your non-participating provider. It will help identify you as an OOA Plan member with access to care from any licensed provider. It also gives the provider's office information about filing claims on your behalf.

## MedImpact pharmacy flier

Give a copy of this form to your MedImpact pharmacist. It will help identify you as an OOA Plan member with access to the MedImpact network of pharmacies. It also gives the pharmacist important information about filling prescriptions on your behalf.

# Helpful terms to know

**Balance billing:** When a provider bills you for the difference between what they charge and what is the maximum amount allowed by your plan. For example, if a provider's charge for a service is \$120 and the amount allowed by your plan is \$100, the provider may bill you for the remaining \$20.

**Coinsurance:** A percentage of the charges you must pay when you receive health care services.

**Copay:** A specific dollar amount you must pay for covered health care services.

**Deductible:** A set amount that you or your family must meet for the cost of covered services before your copays or coinsurance applies. (For example, you may be responsible for the first \$500 in charges.) Typically, most services covered at a copay, such as routine exams, preventive screenings, and outpatient drugs, are not subject to a deductible. We won't cover certain services until you meet your deductibles each year.

Your OOA Plan benefits summary provides a brief description of covered services to which deductibles apply. For a detailed description, please refer to your *Certificate of Insurance*.

**Maximum allowable charge:** Payments under your plan are based on the maximum allowable charges for covered services. The maximum allowable charge is the lesser of the usual, customary, and reasonable (UCR) charge and the actual billed charge. The maximum allowable charge may be less than the amount billed by your provider. You may be responsible for any amount in excess of the maximum allowable charge when seeking care from a licensed provider.

**Precertification:** The required assessment of the necessity, efficiency, and/or appropriateness of specified health care services or treatment made by the medical review program. Requests for precertification must be made by the covered person or the covered person's attending physician prior to the commencement of any service or treatment. If precertification is required, it must be obtained in order to avoid a disruption in benefits.

**Step therapy:** Under this program, a "step" approach is required to receive coverage for certain high-cost medications. This means that to receive coverage, you may need to first try a proven, competitively priced medication before using a more costly treatment, if needed.

**Usual, customary, and reasonable (UCR) charges:** The general level of charges made by other providers for specified covered services within the area where the charge is incurred.

# Nondiscrimination notice

Kaiser Permanente Insurance Company (KPIC) complies with applicable federal civil rights law and does not discriminate on the basis of race, color, national origin, age, disability, or sex. KPIC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call **1-800-464-4000** (TTY: **711**)

If you believe that Kaiser Permanente Insurance Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at: KPIC Civil Rights Coordinator, Grievance 1557, 5855 Copley Drive, Suite 250, San Diego, CA 92111, telephone number 1-888-251-7052.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



KAISER PERMANENTE

**Kaiser Permanente Insurance Company  
Notice of Language Assistance**

**No Cost Language Services.** You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-800-464-4000. For more help call the CA Dept. of Insurance at 1-800-927-4357. TTY users call 711. English

**Servicios en otros idiomas sin ningún costo.** Puede conseguir un intérprete. Puede conseguir que le lean los documentos y que algunos se le envíen en su idioma. Para obtener ayuda, llámenos al número que aparece en su tarjeta de identificación o al 1-800-464-4000. Para obtener más ayuda, llame al Departamento de Seguro de CA al 1-800-927-4357. Los usuarios de la línea TTY deben llamar al 711. Spanish

**免費語言服務。** 您可使用口譯員。您可請人將文件唸給您聽，且您可請我們將您語言版本的部分文件寄給您。如需協助，請致電列於會員卡上的電話號碼或致電 1-800-464-4000 與我們聯絡。如需進一步協助，請致電 1-800-927-4357 與加州保險局聯絡。聽障及語障電話專線使用者請致電 711。Chinese

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**No Cost Language Services.** You can get an interpreter and get documents read to you in your language. For help, call us at the number listed on your ID card or 1-800-464-4000. For more help call the CA Dept. of Insurance at 1-800-927-4357. TTY users call 711. English

**Doo bik'ée azláágo Saad Bee Áká Aná'áwo'.** Ata' halne'í ná shóidoot'eeí. Nizaad bee naaltsos nich'í' yídóoltah Shiká i'doolwoł ninizingo éi béesh bee hodiilnih, naaltsos bee néehózinigíi bik'ehgo hane'í bikáá' éi doodago koji' hodiilnih 1-800-464-4000. Nááná lahgo aldó' shiká i'doolwoł ninizingo koji' hodiilnih CA Dept. of Insurance bik'ehgo hane'í éi 1-800-927-4357. TTY chodayool'igii éi dii 711. Navajo

**Dịch vụ về ngôn ngữ miễn phí.** Quý vị có thể được cấp thông dịch viên và được người đọc giấy tờ, tài liệu bằng ngôn ngữ quý vị dùng cho quý vị nghe. Để được giúp đỡ, xin gọi chúng tôi theo số điện thoại ghi trên thẻ ID hội viên hoặc số 1-800-464-4000. Để được giúp đỡ thêm, vui lòng gọi Bộ Bảo hiểm CA theo số 1-800-927-4357. Người sử dụng TTY gọi số 711. Vietnamese

**무료 언어 서비스.** 한국어 통역 서비스 및 한국어로 서류를 낭독해 드리는 서비스를 제공하고 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와 있는 전화번호 또는 1-800-464-4000 번으로 문의하십시오. 보다 자세한 사항은 캘리포니아 주 보험국, 전화번호 1-800-927-4357 번으로 문의하십시오. TTY 사용자 번호 711. Korean

**Mga Libreng Serbisyo kaugnay sa Wika.** Maaari kayong kumuha ng tagasalin-wika at hingin na basahin sa inyo ang mga dokumento sa sarili ninyong wika. Para humingi ng tulong, tawagan kami sa numerong nakasulat sa inyong ID card o sa 1-800-464-4000. Para sa karagdagang tulong tawagan ang CA Dept. of Insurance sa 1-800-927-4357. Dapat tumawag ang mga gumagamit ng TTY sa 711. Tagalog

**Անվճար լեզվական ծառայություններ:** Դուք կարող եք օգտվել բանավոր թարգմանչի ծառայություններից և խնդրել, որ փաստաթղթերը Ձեր լեզվով կարդան Ձեզ համար: Օգնության համար զանգահարեք մեզ՝ Ձեր ID քարտի վրա նշված կամ 1-800-464-4000 հեռախոսահամարով: Լրացուցիչ օգնության համար զանգահարեք Կալիֆոռնիայի ապահովագրության դեպարտամենտ՝ 1-800-927-4357 հեռախոսահամարով: TTY -ից օգտվողները պետք է զանգահարեն 711: Armenian

**Бесплатные услуги языкового перевода.** Вы можете воспользоваться услугами переводчика, при этом документы могут быть зачитаны Вам на Вашем языке. Чтобы получить помощь, позвоните нам по телефону, указанному в Вашей идентификационной карточке участника, или 1-800-464-4000. За дополнительной помощью обращайтесь в Департамент страхования штата Калифорния (CA Dept. of Insurance) по телефону 1-800-927-4357. Пользователи TTY, звоните по номеру 711. Russian

無料の言語サービス。通訳に依頼して、日本語で書類を読んでもらうことができます。通訳サービスが必要な際は、IDカードに記載の番号、または1-800-464-4000にお電話ください。さらにヘルプが必要な場合は、カリフォルニア州保険庁(1-800-927-4357)にお電話ください。TTYユーザーの方は、711にお電話ください。Japanese

خدمات زبان به صورت رایگان. می توانید از خدمات مترجم شفاهی بهره مند شوید و ترتیب خواندن متن ها برای شما به زبان خودتان را بدهید. برای دریافت کمک و راهنمایی، با ما به شماره ای که روی کارت شناسایی شما قید شده یا 1-800-464-4000 تماس بگیرید. برای دریافت کمک و راهنمایی بیشتر با اداره بیمه کالیفرنیا به شماره 1-800-927-4357 تماس بگیرید. کاربران TTY با شماره 711 تماس حاصل نمایند. Persian

ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਬਾਰੀਏ ਦੀ ਸੇਵਾ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਤੁਹਾਡੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-800-464-4000 'ਤੇ ਸਾਨੂੰ ਫ਼ੋਨ ਕਰੋ। ਵਧੇਰੇ ਮਦਦ ਲਈ, ਕੈਲੀਫ਼ੋਰਨੀਆ ਡਿਪਾਰਟਮੈਂਟ ਆਫ਼ ਇਨਸ਼ੂਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫ਼ੋਨ ਕਰੋ। TTY ਦੇ ਉਪਯੋਗਕਰਤਾ 711 'ਤੇ ਫ਼ੋਨ ਕਰੋ। Punjabi

សេវាភាសាឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែបាន និងឲ្យគេអានឯកសារជូនអ្នក ជាភាសាខ្មែរ។ សំរាប់ជំនួយ សូមទូរស័ព្ទមក យើងតាមលេខដែលមាននៅលើប័ណ្ណ ID របស់អ្នក ឬ 1-800-464-4000។ សំរាប់ជំនួយថែមទៀត ទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងរដ្ឋកាលីហ្វ័រនីញ៉ា តាមលេខ 1-800-927-4357។ អ្នកប្រើ TTY ហៅលេខ 711។ Khmer

خدمات ترجمة بدون تكلفة. يمكنك الحصول على مترجم وقراءة الوثائق لك باللغة العربية. للحصول على المساعدة، اتصل بنا على الرقم المبين على بطاقة عضويتك أو على الرقم 1-800-464-4000. للحصول على مزيد من المعلومات اتصل بإدارة التأمين لولاية كاليفورنيا على الرقم 1-800-927-4357. لمستخدمي خدمة الهاتف النصي يرجى الاتصال على 711. Arabic

Cov Kev Pab Txhais Lus Tsis Raug Nqi Dab Tsi Koj muaj tau ib tug neeg txhais lus thiabhais tau kom nyeem cov ntaub ntawv ua koj hom lus rau koj. Xav tau kev pab, hu rau peb ntawm tus xov toojteev muaj nyob rau ntawm koj daim yuaj ID los yog 1-800-464-4000. Xav tau kev pab ntxiv hu rau CA Tuam Tsev Tswj Kev Pov Hwm ntawm 1-800-927-4357. Cov neeg siv TTY hu rau 711. Hmong

मुफ्त भाषा सेवाएँ। आप एक दुभाषिया प्राप्त कर सकते हैं और आपको दस्तावेज़ आपकी भाषा में पढ़ कर सुनाए जा सकते हैं। सहायता के लिए, अपने आईडी कार्ड पर दिये नम्बर या 1-800-464-4000 पर हमें फोन करें। अधिक सहायता के लिए कैलीफ़ोर्निया डिपार्टमेंट ऑफ़ इंशूरेंस को 1-800-927-4357 पर फोन करें। TTY प्रयोक्ता 711 पर फोन करें। Hindi

บริการด้านภาษาที่ไม่คิดค่าบริการ คุณสามารถขอรับบริการล่ามแปลภาษาและขอให้อ่านเอกสารให้คุณฟังเป็นภาษาของคุณได้ หากต้องการความช่วยเหลือ โปรดโทรติดต่อหาเราตามหมายเลขที่ระบุอยู่บนบัตร ID ของคุณหรือหมายเลข 1-800-464-4000 หากต้องการความช่วยเหลือในเรื่องอื่นๆ เพิ่มเติม โปรดโทรติดต่อฝ่ายประกันโรคมะเร็งที่หมายเลข 1-800-927-4357 ผู้ใช้ TTY โปรดโทรไปที่หมายเลข 711. Thai





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